



DELAWARE NOTARY PUBLIC EMPLOYER APPROVAL FORM

Notaries Public are appointed by the Governor pursuant to 29 Del. C. Chapter 43. In order to approve a Notary Public application for a Limited Governmental Notary Public applicant, an employer approval form is required. In addition, this form is to be used by the department commander of a State recognized veterans' organization and by the administrative head of any volunteer fire company or volunteer ambulance and rescue company to request the appointment of 1 person within each organization as a Notary Public. This form must accompany the Notary Public application.

PLEASE PRINT OR TYPE

AGENCY/ORGANIZATION INFORMATION

Please select type of agency/organization

State of Delaware Agency Delaware State Police Delaware Police Agency (local, county or municipal)
Volunteer Fire Company Volunteer Ambulance and Rescue Company
State recognized Veterans' Organization

Agency/Organization Name: _____
Address _____
City _____ State _____ Zip _____ Telephone _____

Please indicate the name and email address of the person at the above agency/organization authorized to request/approve submission of a Notary Public Application under this category who is required to sign this form (hereinafter referred to as "Authorized Person"):

Name _____
Email address _____

NOTARY APPLICANT INFORMATION

Please indicate the name of the Notary Public applicant to whom this form applies:

Name of applicant _____ Birthdate: _____
(First/Middle/Last) (Month/Day/Year)

Important: This approval form must be submitted with the appropriate Notary Public Application.

By signing below, I hereby certify that I am requesting/approving the named Notary Public applicant to submit a Notary Public Application and request appointment of the named Notary Public applicant as a Delaware Notary Public.

Pursuant to 29 Del. C. Chapter 43, §4307(f), any person knowingly or willfully making any false or fraudulent statement or misrepresentation in this document shall be guilty of perjury. By signing below, I hereby certify the information contained in this application is true and correct.

Signature of Authorized Person

Date